



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE TYPE OR PRINT**, except for the signature portion of this application. All applications will be reviewed. If a personal interview is necessary, you will be notified of the time and date. Applications are only considered active during the time solicited by posted notice.

Position Applied For: _____ Today's Date: _____

Are you seeking: ____ Full-Time; ____ Part-Time; ____ Seasonal employment?

If you are offered employment, when could you start work? _____

PERSONAL DATA

Last Name First Name Middle Name Telephone Number

Present Street Address Alternate Telephone Number

City State Zip Code

Are you 18 years of age or older?..... Yes ____ No ____

Can you, after employment, submit verification of your legal right to
work in the United States?..... Yes ____ No ____

Social Security Number: _____

EDUCATION	
Check the highest level or equivalent completed:	
Elementary School <u> </u> or Less	High School <u> </u> <u> </u> <u> </u> <u> </u> Are you a student? <u> </u> Yes <u> </u> No
8	9 10 11 12
Name of College, University or Vo-Tech attended: _____	
Major: _____ Did you Graduate? <u> </u> Yes <u> </u> No	
Degree Awarded: _____ Date of Degree: _____	
Name of College, University or Vo-Tech attended: _____	
Major: _____ Did you Graduate? <u> </u> Yes <u> </u> No	
Degree Awarded: _____ Date of Degree: _____	
List any Professional Certifications/Licensure (e.g. CPR, RN, Teaching)	
Type: _____	Date Issued: _____
Issuing Authority: _____	Renewal Date: _____
List any Professional Certifications/Licensure (e.g. CPR, RN, Teaching)	
Type: _____	Date Issued: _____
Issuing Authority: _____	Renewal Date: _____
Only Applicants applying for positions requiring driving are to complete this section	
Driver's License Number: _____	
State: _____	Expiration Date: _____
Type and Class of License: _____	
Have you had your driver's license suspended or revoked within the past 3 years? <u> </u> Yes <u> </u> No	

Elementary School _____ or Less High School _____
8 9 10 11 12

Are you a student? ____Yes ____No

Degree Awarded: _____ Date of Degree: _____

Degree Awarded: _____ Date of Degree: _____

Issuing Authority: _____ Renewal Date: _____

Issuing Authority: _____ Renewal Date: _____

Have you had your driver's license suspended or revoked within the past 3 years? ☐ Yes ☐ No

WORK HISTORY

List names of employers in consecutive order with **present or last employer listed first**. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

City/State/Zip: _____ Dates Employed: _____

Job Duties Performed: _____

Reason for Leaving: _____ Last Pay Rate: _____

Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

City/State/Zip: _____ Dates Employed: _____

Job Duties Performed: _____

Reason for Leaving: _____ Last Pay Rate: _____

Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

City/State/Zip: _____ Dates Employed: _____

Job Duties Performed: _____

Reason for Leaving: _____ Last Pay Rate: _____

Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

City/State/Zip: _____ Dates Employed: _____

Job Duties Performed: _____

Reason for Leaving: _____ Last Pay Rate: _____

SPECIAL SKILLS

Do you type? _____ No _____ Yes Words Per Minute _____

Do you take shorthand? _____ No _____ Yes Words per Minute _____

Do you transcribe from tape? _____ No _____ Yes Words Per Minute _____

What type(s) of computer/software are you proficient at using? _____

GENERAL INFORMATION

Have you ever been employed here? _____ No _____ Yes If so, when? _____

Is any additional information relative to change of name, use of assumed name or nickname necessary to enable us to check your work record? _____ No _____ Yes If so, please list _____

Are you presently employed? _____ No _____ Yes if so, may we contact your present employer? _____ No _____ Yes

Have you ever been fired or asked to resign from a job? _____ No _____ Yes If so, please explain below:

Have you ever been convicted of a Felony? _____ No _____ Yes; If so, please explain: _____

Are you now or do you expect to be engaged in any other business or employment? _____ No _____ Yes

If yes, please explain: _____

REFERENCES

Please give three (3) references (not relatives) you have worked with:

Name Address Daytime Phone Occupation

AFFIDAVIT

I certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the HRDC shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damages for issuing this information. I understand any misleading or incorrect statements may render this application void and if employed would be cause for termination. I understand that by acceptance of this application there is no express or implied contract of employment.

Signature: _____ Date: _____

HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX
AFFIRMATIVE ACTION QUESTIONNAIRE

The HRDC invites applicants for employment to voluntarily provide the following information. All responses will be kept confidential and used only to provide statistical information for compliance with Equal Employment Opportunity regulations. Refusal to provide this information will not subject the applicant to any adverse treatment. Please present this questionnaire apart from your employment application for separate filing.

ETHNIC BACKGROUND:

_____ Asian _____ Black _____ Hispanic _____ White
_____ Native American _____ Other: _____

SEX:

_____ Female _____ Male

MARITAL STATUS:

_____ Married _____ Single _____ Divorced

AGE:

_____ Age Date of Birth: _____

HANDICAPPED:

_____ Yes _____ No

MILITARY VETERAN:

_____ Yes _____ No

Name on Application: _____

Date: _____